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GAU1644
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TRANSMITTAL FORM

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Application Serial Number	09/248,964
Filing Date	2/12/99
First Named Inventor	Wucherpfennig
Group Art Unit	1644
Examiner Name	Martha Lubet
Attorney Docket No.	HAR-005

ENCLOSURES (*check all that apply*)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement Form PTO-1449	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) <ol style="list-style-type: none"> 1. Sequence Listing Electronic Copy of Sequence Listing Statements under 37 C.F.R. 1.821 (disk) and paper copy 2. Copy of Notice to Comply with Requirements for Sequence Listing 3. Statements Under 37 C.F.R. §§1.821(f) and 1.821(g)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> After Allowance Communication to Group	

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